Referral Tracking Process
Updated 10/8/12

System Maintenance Change Request
SMCR 1945

1 AMENDMENTS

Amendment #	Description	Date
.5	Revised all pages	06/10/2011
1.0	Added report	06/20/2011
1.1	Edits (BK)	06/22/2011
1.2	Edit per committee comments	06/23/2011
1.3	Edit per committee comments	07/13/2011
1.4	Edit per committee comments	07/14/2011
1.5	Edit per programmer's comments	08/01/2011
1.6	Completed report requirements and examples (BW)	09/20/2011
1.7	Added screen flow section	10/4/2011
1.8	Updated core elements.	10/11/2011
1.9	Added update rules between the Referral and Registration screens. Added data mapping between Referral and Registration fields. Add Business rules to further define the update process. Added new status : Accepted Update Updated screen layout – removed history and added comment field.	10/12/2011
1.10	Added Referral Summary Report (BW)	10/18/2011
1.11	Report Modifications (BW)	11/16/2011
	Report Modifications (BW)	11/17/2011
3.1	Removed reference to "other" referral.	08/16/12
4.5.1	Remove the ability to track different address	08/16/12
4.5.1	Updated the duplicate requirements.	9/24/12

4.7	Added two new case not subject codes	10/8/12
3.1	Added #10 which states a service request may not be created for a Managed Care plan or a Health Families plan.	10/8/12
4.5.1	When the user searches for the Dx and selects, the diagnosis is added to the list	10/08/12

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2 INTRODUCTION

2.1 BACKGROUND

County CCS programs have raised concerns that they are receiving an increased number of referrals with insufficient information or medical documentation to determine CCS eligibility. Many counties have utilized "sticker denials," "RED teams," and other similar processes that involve the return of the insufficient referral to the provider with a notice that the referral is not acceptable due to insufficient information. The returned referrals are not entered into the CMS Net system and no further action is taken unless the provider resubmits with appropriate information.

Currently, there is no system capability to track turn-around time from Referral/SAR submission to authorization for both new and existing CCS clients.

2.2 PURPOSE

The purpose of this SMCR is to create a method in CMS Net where county CCS programs, GHPP, and Systems of Care Division (SCD) Regional Offices may enter minimum referral details, track history, generate letters, and produce reports. This process allows all referrals to be handled consistently, thoroughly, and timely. In addition, the system generates a notification of "inappropriate referral" to the referral source (such as the medical provider or Medi-Cal Managed Care Plan (MCP)/Healthy Families (HF) carrier). A referral status is also posted on Provider Electronic Data Interchange (PEDI).

2.3 SCOPE

- Tracking referral activities (Pre-Registration) up to registration entry.
- Enter and track a case referral or service request for new and reopen pending cases.
- Search for existing cases, providers and referrals.
- Ability to enter a case or service referral for a new, existing non-active or existing active case.
- Assign a case or service referral status to every entry.
- Ability to add, modify case or service referral entries.
- Historical case and service referral tracking.
- Create case and service referral reports. (See Report Section 4.1.6)
- Generate an Inappropriate Referral letter.

- Create a method to enter and track provider addresses on the service or case referral **only if the address on the referral is different from the PMF address**. *Note: This address to be used for sending the Inappropriate Referral Letter.*
- Add comments to each case or service referral.
- Provide a drop down table with return denial reasons with the ability to add free text "Other" reasons. *Note: Create a report to periodically evaluate free text added by users; update the denial reason table with commonly used free text entries.*
- Update PEDI to include case or service referral information. (number, status and date)
- Track dates and pending status through the case or service referral process for reporting.
- Ability to mark a service or case referral request as a duplicate. List duplicate requests in date order.
- Assign a unique identifying number to each referral, and store its date and status.
- Identify a method to add minimal information to add a "Referral Record" with a unique status to the legacy system. In addition, a method to add a Case Note and letter through the web.
- Develop a method to allow a user to enter the minimum client data on the Pre-Registration Referral Entry screen and if the client is determined to be eligible for the CCS program carry over the data to the Patient Registration.   This avoids data re-entry for the users.
- Update the Registration Facesheet (CMSFS-10 and CMSFS-20) when possible. (See rules in Section 4.5.2)

2.4 REFERRAL STATUS DEFINITIONS

Received/ Pending Referral Review: Reviewing referral to determine if request is meeting criteria.

Rejected as Inappropriate: Deemed an inappropriate referral return to provider. Letter sent to the provider.

Accepted for Registration Entry: Deemed ready for registration entry into to CMS Net legacy.

Completed Registration: Registration entry is complete and ready for eligibility determination.

Accepted for Update: Apply update status to an existing referral.

Accepted Service Request: Deemed ready for SAR entry into to CMS Net web system.

Completed Service Request: Pending Service Authorization request entered.

2.5 DEFINITIONS, ACRONYMS, AND ABBREVIATIONS

Table 1-2 lists the definitions, abbreviations and acronyms that may be used within this document:

Table 1-2, Definitions, Abbreviations and Acronyms

Term	Definition
CCS	California Children's Services
CIN	Client Index Number
CMS	Children's Medical Services
DHCS	Department of Health Services
HF	Healthy Families Plan
Inappropriate Letter	A letter sent to the Provider/Mgd Care Plan/HF informing them the referral is incomplete, inaccurate or needs more clarification.
MCP	Managed Care Plan
PEDI	Provider Electronic Data Interchange
PMF	Provider Master File
Referral Date Received	**If by fax**, the fax-track date **If by fax server**, the date tracked on the fax –server utility inbox. **If by mail**, the date stamp on the correspondence based on delivery date **If by phone or walk in**, by date of contact. **If by other digital/electronic method**, the digital transmission date.
Referral Status *See definitions above.*	**Received/Pending Referral Review** **Rejected as Inappropriate** **Accepted for Registration Entry** **Completed Registration** **Accepted Update** **Accepted Service Request** **Completed Service Request**
Referral Type	Case or Service
Requestor	Any referral source *other than a provider listed in the PMF*. Non PMF provider.
SAR	Service Authorization Request (Case referral)
SAR	Service Authorization Request (Service referral)
SCD	Systems of Care Division
SMCR	System Maintenance Change Request

3 OVERALL DESCRIPTION

3.1 ASSUMPTIONS AND DEPENDENCIES

1) The standard CMS Net system web conventions are used for generating letters, case notes and reports.

2) The current referral incoming process is not going to change. Providers may continue to submit the referrals as they currently do today.

3) This module allows viewing data from the CMS Net legacy system to CMS Net web based system.

4) User Security will support the new module.

5) Letters are created in the correspondence module to return inappropriate referral.

6) When case or service referral is associated to an existing case, a case note may be generated.

7) This SMCR addresses only activities above the line in the Pre-Registration Referral flow chart.

8) GHPP is included in this Pre-Registration Referral Tracking module.

9) The case or service referral is from a Provider, Managed Care plan, or Healthy Families.

10) A service referral/request may not be created for a Managed Care plan or a Healthy Families plan.

11) The terms Pre-Registration and Referral are interchangeable throughout this document.

12) When searching for existing clients the search screen should look like the SCI Inquiry results screen.

3.2 PRE-REGISTRATION REFERRAL WORKFLOW

See Appendix A – Request Pre-Registration Referral Workflow

4 FUNCTIONAL REQUIREMENTS

4.1 PRE-REGISTRATION REFERRAL TRACKING PROCESSING RULES

New module "Pre-Registration Referral Tracking" and new screens shall be developed allowing users to: add new referrals to new and existing cases, track referral details, and search for existing cases, store history, and generate reports and letters.

Any CCS county program, GHPP, or SCD Regional Office staff may enter a referral in the Pre-Registration Referral module for tracking.

4.2 REFERRAL STATUS ASSIGNMENT

The referral is assigned a status at each action point:

Code	Action	Status changes to
1.0	Request Received	[n/a]
2.0	Client Active?	[n/a]
3.0	Process as New Referral	**Received/Waiting for review**
4.0	Request Meets criteria	**Received/Waiting for review**
5.0	Inappropriate SAR/Referral Processing	**Rejected as Inappropriate**
6.0	Forward to Assigned Team	**Accepted (for registration)**
7.0	Appropriate SAR/Referral	**Accepted (for service request)**
8.0	Registration Entry Completion (automatic)	**Completed (registration)**
9.0	Pending SAR Entered (automatic)	**Completed (service request)**

4.3 PRE-REGISTRATION REFERRAL TRACKING SEARCH SCREEN

Using the standard search screen (Main Pre-Registration Referral Tracking screen), user may search by using quick search which displays his pending referrals, by referral date range, or by any of client's name, case number, CIN, SSN, DOB, gender, or county. The advanced search allows a user to also search by user name, county, RO, and User Status. New search fields allow a user to search by referral number, referral status, requestor (NPI, Name, or Managed Care or HF plan).

4.4 PRE-REGISTRATION REFERRAL TRACKING SEARCH RESULTS SCREEN

The user may look up a referral several ways and view the results based on the search criteria. New fields for search criteria:

- Referral Number: The 7-digit number referral number must be an exact match to display results. Columns are: Referral number, client number, client name, referral entry date, provider/managed care plan/HF, referral status.

- Referral Status: The referral status displays all records with the specific status regardless of client, referral source, and provider or managed care plan. Columns are: referral number, client number, client name, referral date, provider/managed care plan/HF.

- Referral Type: The referral type displays all referrals based on case or service request. If a referral type is "service request" is selected the NPI also must be entered.

- Provider Name/NPI: The provider name or NPI displays all referrals by the specified provider in date order. Same columns as the referral number screen.

- Requestor: A Requestor is not in the PMF table. The Requestor displays all referrals by the specified source in date order. Same columns as the referral number screen.

- Managed care plans and HF carriers name/code: The MCP/HF plan displays all referrals by specified carrier in date order. Same columns as the referral number screen.

4.5   PRE-REGISTRATION REFERRAL ENTRY SCREEN

- The Pre-Registration Referral Entry screen includes the standard client header at the top of the screen.

4.5.1 Data Dictionary for Pre-Registration Referral Entry

Table 4-1 lists the field names, requirements and a brief description that may be used within this document:

Table 4-1, Data Dictionary for Identification Screen for Pre-Registration Referral Entry

Field Name	Req?	Case Note ?	Description/Comments
Pre-Registration Referral number (system generated)*	Y	Y	7 Digit number.
County	Y	Y	Default based on user with the ability to change to any of user's available county assignments.
Entry Date	Y	Y	System generated
Date Referral Received	Y	Y	User entry
Referral Type	Y	Y	<u>Check box</u>: Initial Case Referral Update Case Referral Service Referral Track each time the referral is updated.
Referral Status	Y	Y	See Section 4.2
Provider Type: Provider/MCP/HF	Y	N	<u>Table values</u>: Provider, MCP, HF

NPI/ Plan number	N	N	User entered.
			If the provider number is entered, auto populate the related provider fields.
			If MCP/HF plan number is entered, auto populated the related plan fields.
			If Plan or NPI number is unknown, allow user to skip field and enter a name.
Provider Name	R	Y	Filter provider table based on selected Provider type.
Provider Address	Y	N	Address as it displays on the PMF/MCP/HF
			Auto populate address from selection of NPI/Plan number entry or Provider name.
Different address?	N	N	User may enter/store a different address for a provider.
Fax Number	N	N	User entry.
			Format (999) 999-9999
Requestor Name (Non PMF provider)	C	Y	Must be entered if a Provider/MCP/HF has not been entered.
			Exclude PMF providers or MCP/HF providers).
Requestor Address	C	Y	User entry.
			Enable fields if Requestor Name is entered.
			Include Line1, Line2, City, State, ZIPCode, PhoneNr.
			Use the ZIP Code table to populate City, State.
			Phone format: (999) 999-9999
Requestor Fax	N	N	User entry
			Phone format: (999) 999-9999
Patient Name	C	Y	Required when client is not known to CMS Net.
			Last name, first name and middle, appellation.

Gender	C	N	Required when client is not known in CMS Net. Enable fields if Patient Name is entered. Table values: Female Male
Residence address	C	N	Required if client is not know in CMS Net Enable fields if Patient Name is entered. Include Line1, Line2, City, State, ZIPCode, PhoneNr. Use the ZIP Code table to populate City, State. Phone format: (999) 999-9999
Patient DOB	C	Y	Required if client is not know in CMS Net Enable fields if Patient Name is entered. DOB format: 99/99/9999
Requested Services	Y	Y	Free text.
Suspected Dx	Y	N	Table values: Selection from ICD-9 table. When the user searches for the Dx and selects, the diagnosis is added to the list.
Duplicate Pre-Registration Referral	N	N	Check box – Y or N Possibly automatically set based on duplicate referral match. The combination of fields will determine if the referral is duplicate is not: County, Provider Nr/Plan Code, Provider Address, Patient Name, Patient Address, Suspected Dx

Return Request reason	C	Y	(Multiple select pick list)
			• <u>SAR form does not contain required elements (free text details required)</u>
			• Not a CCS/GHPP condition (as defined by numbered letter)
			• Over 21 (CCS only).
			• Unable to verify patient contact information
			• Other – less than 25 characters <u>Insufficient Documentation to authorize service(free text details required)</u>
			• <u>as defined by numbered letter)</u>
			• Unable to verify codes No codes/units/frequency/duration provided
			<u>Free text required for underlined reasons</u>.
			Free text (included in letter and case note)
			Include history: Referral number, referral date, status, provider name and number (if present), suspected Dx.
Comments			Free text.

Referral Status	Y	Y	Table values:
			Received/Waiting for review *(default for new entry)*.
			Rejected as Inappropriate *(set when letter created)*.
			Accepted (for registration) *(user update to proceed to CMSFS-30)*.
			Completed (registration) *(automatically updated when user save complete facesheet)*.
			Accepted (for service request) *(user update)*.
			Completed Service Request *(user update or automatically set when SAR is pended for provider)*.
			Allow user to select Completed statuses from table.
			Each status must be associated with a date of assignment for reporting purposes but does not need to be displayed.
Last updated by	Y	Y	Auto populated with user when saved.
Last updated date	Y	Y	Auto populated with date when saved.

4.5.2 Referral Entry versus Registration Entry Logic

Table 4-2 defines the business rules for data entry based on Registration Status, Referral Type and Referral Source.

Table 4-2, Referral Entry versus Registration Entry

	Referral Type Initial Update Service	Entry to Referral	Carry over Referral fields to CMSFS-10	Direct Entry to Registration
Active, Transfer Active, Reopen, Pending	I	Yes	No	Yes
	U	Yes	No	Yes
	S	Yes	No	No
Closed, Denied, Not Open	I	Yes	Yes	Yes
	U	Yes	Yes	Yes
	S	No	No	No

*Note: Represents referral from Referral Source: provider, managed care plan or HF

	Referral Type Initial Update Service	Entry to Referral	Carry over Referral fields to CMSFS-10	Direct Entry to Registration
Active, Transfer Active, Reopen, Pending	I	No	No	Yes
	U	No	No	Yes
	S	No	No	No
Closed, Denied, Not Open	I	No	No	Yes
	U	No	No	Yes
	S	No	No	No

*Note: Represents referral from Referral Source: Other

4.5.3 Referral field to Registration field mapping

Table 4-3 defines the rules for mapping data from the Referral screen to the Registration fields.

Table 4-3, Referral to Registration field mapping

New Referral Screen (R1-10)	Registration (CMSFS-10)
Referral Received Date	Date Referral Received (label change)
County	Legal and Resident County
NPI/Plan	Referred by (auto populate provider, Mgd Care plan or HF)
	Referral Source (auto populate provider, Mgd Care plan or HF)
	Referral Type (auto populate with Referral)

4.5.4 Business rules for entry to Referral versus Registration

1. The new referral screen is utilized if the referral from a provider, managed care plans or Healthy Families Plan.
2. These referrals may be entered through either the referral or registration screen. The data is cross mapped accordingly. A report may be utilized to find the assigned tracking number.
3. In the registration screen the Referred By field becomes a lookup table if HF, provider or managed care plan is selected.
4. A status of Accepted is applied to any referral entered in regular Registration.
5. All Accepted statuses is updated to a Completed status when a case status is changed in the Client Eligibility screen or Registration.

4.6 INAPPROPRIATE REFERRAL LETTER

Once the "Inappropriate" Referral Letter is sent to the Provider, Requestor, MCP or HF the referral is complete. Enable the Free Text field on the Correspondence Edit screen when this letter is generated. No other action is taken on this referral. See below Sample Letter.

Requester Name   NPI: Number (if known)

Address

City State Zip

Provider fax

Letter Date

Name:	Firstname Lastname
Birth Date:	99/99/9999
County:	Sacramento
Tracking ID:	123456890
Referral Status:	XXXXXXXXXXXX
Suspected Dx:	XXXXXXXXXXXX

Returned Referral Transmittal Notice

This notice is to advise you that the attached referral dated _____ made to the _____ CCS Program is being returned for the following reason(s):

(Displays only those selected as the return reason in Pre-Registration module)

- Referral does not contain required information for the referred individual. (Free Text-List of missing information elements)

  - Name
  - DOB
  - Physical Address
  - Mailing Address
  - Gender   Multiple select

- The diagnosis listed is not a CCS eligible medical condition. Please resubmit if new documentation supports diagnosis of a CCS eligible medical condition. (No free-text)

- Unable to verify referred individual's information. (no free-text)

- The referred individual is over 21 years of age. The CCS program serves children and youth age 0 through 20. (No free-text)

- Insufficient information provided to authorize service. (Free Text-List documentation needed to authorize services.)

  - Name/Address of Provider
  - NPI
  - Code
  - Units
  - Frequency
  - Duration
  - Other – (Free Text Required)   Multiple select

- Duplicate Referral
- Other (free text only)

If additional information is available to support reconsideration of this referral, submit by <DATE>. If no additional information is received, no further action will be taken.

Please call the (county CCS Office or Regional Office) at (contact phone number) if you have questions or need assistance.

Sincerely,

California Children's Services

4.7 PRE-REGISTRATION REFERRAL CASE NOTE

A case note may be generated in the standard case note format or pre-registration referral activities related to clients. A new subject codes and description are added to the subject code table. The new subject will be: Referral Tracking-Service and Referral Tracking-Case.

4.8 SCREEN FLOW

Search Patient   New Referral

Action Menu:
Save
Cancel
Save and Continue

SCI Inquiry

Core Elements: R1-10

Core Elements: FS-10

Core Elements:
Lgl County
Ref Recvd Dt
Ref Type
Referral Tracking #
Entry Dt
Date Referral Received
Provider Type (MCP/HF/Prov)
NPI/Plan Nbr
Provider Name
Address (Attn, Addr1, Addr2, City, St, Zip, Ext)
Ph Ext.
Email
Fax
Case Number
CIN
Patient Name (First, Middle, Last)
Gender/DOB
Patient Address (same in FS-20)
Request Services (Free Text) (250 Char)
Suspected DX
Reject Reason
Duplicate Pre Reg
Return Request Reason
Comments
Referral Status
Last Updated by
Last Updated Dt

Patient Header: only present if case exists

Entry Date: Date Referral Recvd: Referral Status: Referral Type:

Requested Services

Patient Name: DOB: Gender: Suspected DX:
Address: _____

NPI: Provider Name:
                         Address Here from PMF

                    New Address: Include Fax Number

Requestor: Pop up new screen for entry for Non PMF provider
_____

MGD Care Plan/HF Plan: Plan Name:
                             Address Here from Plan Table
_____

Return Request Reason:

     Free Text for Other:

Letter Generation Date:
_____

Comments

Last Updated By: Date:

4.9 REPORTS

PEDI reports will exist as new selections directly below the "Reports" menu. CMS Net Web reports will exist as selections under a new header titled "Pre-Registration Referral" under the "Reports" menu.

4.9.1 PEDI Pre-Registration Referral Report

This report displays all referrals either by Provider Name or Client Name. This report will reside in the PEDI system. This report will allow providers to see referral statuses of referrals within their domain.

Page Title: Pre-Registration Referral Report

Select By: Domain* (Required field. Auto populate for users with a domain.)
                  Provider ID
                  County
                  Date Referral Received From* (Required field. Date range 30 days or less.)
                  Date Referral Received To* (Required field.)
                  Referral Status

Sort By: Provider Name
                  Client Name

Print Options: Portable Document Format (PDF)
                  Excel

Figure 4-1, Pre-Registration Referral Report Screen

Report Title: Pre-Registration Referral Report

Subtitle: Domain Name (Provider/HF/Mgd Care Name)

Sort By: Sort by user choice (Provider Name or Client Name) first, then short by the option user did not choose (Provider Name or Client Name). Example: User chooses to sort by Provider Name. Sort report by Provider Name, then Client Name.

Column Titles: Referral Number (hyperlink to generated letter, if applicable)
                  Provider Name

> Provider Type
> Client Name
> Referral Status
> Referral Received
> Referral Returned
> Reason
> Comments

Figure 4-2, Pre-Registration Referral Report

CALIFORNIA CHILDREN'S SERVICES (CCS) / GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
Pre-Registration Referral Report
Domain Name (Provider/HF/Mgd Care Name)
Date: M/D/YYYY - M/D/YYYY

Referral Number	Provider Name	Provider Type	Client Name	Referral Status	Referral Received	Referral Returned	Reason	Comments
9999991	CHAMBERS, HENRY G MD	PHYSICIAN	LAST, FIRST	Received/Pending Referral Review	07/31/2011			
9999992	CHAMBERS, HENRY G MD	PHYSICIAN	LAST, FIRST	Rejected as Inappropriate	06/14/2011	06/17/2011		
9999993	CHAMBERS, HENRY G MD	PHYSICIAN	LAST, FIRST	Accepted Registration Entry	07/15/2011			
9999994	CHAMBERS, HENRY G MD	PHYSICIAN	LAST, FIRST	Rejected as Inappropriate	06/28/2011	06/29/2011	Insufficient Documentation to authorize service	Comments
9999995	CHAMBERS, HENRY G MD	PHYSICIAN	LAST, FIRST	Rejected as Inappropriate	06/21/2011	06/28/2011	Over 21 (CCS only).	
9999996	CHAMBERS, HENRY G MD	PHYSICIAN	LAST, FIRST	Rejected as Inappropriate	06/29/2011	06/29/2011		
9999997	CHAMBERS, HENRY G MD	PHYSICIAN	LAST, FIRST	Rejected as Inappropriate	06/29/2011	06/29/2011	Unable to verify patient contact information	
9999998	CHILDREN'S HOSP HLTH C	COMMUNITY HOSPITAL - INPATIENT	LAST, FIRST	Accepted Service Request	07/18/2011			
9999999	CHILDREN'S HOSP HLTH C	COMMUNITY HOSPITAL - INPATIENT	LAST, FIRST	Received/Pending Referral Review	07/01/2011			
9999100	CHILDREN'S HOSP HLTH C	COMMUNITY HOSPITAL - INPATIENT	LAST, FIRST	Completed Service Request	07/29/2011			
9999101	CHILDREN'S HOSP HLTH C	COMMUNITY HOSPITAL - INPATIENT	LAST, FIRST	Completed Registration	06/01/2011			
9999102	CHILDREN'S HOSP HLTH C	COMMUNITY HOSPITAL - INPATIENT	LAST, FIRST	Accepted Service Request	06/30/2011			
9999103	CHILDREN'S HOSP HLTH C	COMMUNITY HOSPITAL - INPATIENT	LAST, FIRST	Rejected as Inappropriate	06/21/2011	06/28/2011	Unable to verify codes No codes/units/frequency/duration provided	
9999104	CHILDREN'S HOSP HLTH C	COMMUNITY HOSPITAL - INPATIENT	LAST, FIRST	Rejected as Inappropriate	06/04/2011	06/07/2011	Insufficient Documentation to authorize service	Comments
9999105	CHILDREN'S HOSP HLTH C	COMMUNITY HOSPITAL - INPATIENT	LAST, FIRST	Rejected as Inappropriate	06/01/2011	06/08/2011	Not a CCS/GHPP condition	
9999106	CHILDREN'S HOSP HLTH C	COMMUNITY HOSPITAL - INPATIENT	LAST, FIRST	Rejected as Inappropriate	01/08/2011	01/09/2011	Insufficient Documentation to authorize service	Comments
9999107	RADY CHILDREN'S HOSP	COMMUNITY HOSPITAL - OUTPATIENT DEPARTMENT	LAST, FIRST	Rejected as Inappropriate	07/06/2011	07/06/2011	SAR form does not contain required elements	Comments

4.9.2 Provider Referral Submissions Report

Purpose of this report is to display all referrals from a specific provider regardless of the client or county. Notate duplicate referrals requests. This report will reside in CMS Net Web.

Page Title: Provider Referral Submissions

Select By: County (Auto populate for users with a county.)
                  Referral Status
                  Date Referral Received From* (Required field. Date range 30 days or less.)
                  Date Referral Received To* (Required field.)
                  Provider Search (Use provider search below. Add Healthy Families and Managed Care
                  Plan radio buttons so users can search by those types.)

Print Options: Portable Document Format (PDF)
                  Excel

Figure 4-3, Provider Referral Submissions Screen

Report Title: Provider Referral Submissions Report

Subtitle: Provider Name

Break: County

Sort By: Referral Status, Alpha Sort by Client Name

Column Titles: Referral Number (hyperlink to generated letter, if applicable)
                  Client Name
                  DOB
                  Legal County
                  Referral Received Date
                  Inappropriate Referral Letter Sent Date
                  Duplicate Pre-Registration Referral

Figure 4-4, Provider Referral Submissions Report

CALIFORNIA CHILDREN'S SERVICES (CCS) / GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
Provider/MGD Care/HF Referral Submissions
Provider Name
Date: M/D/YYYY - M/D/YYYY

Legal County

Referral Number	Client Name	DOB	Referral Status	Referral Received	Inappropriate Referral Letter Sent	Duplicate Pre-Registration
9999991	LAST, FIRST	MM/DD/YYYY	Received/Pending Referral Review	07/31/2011		
9999992	LAST, FIRST	MM/DD/YYYY	Rejected as Inappropriate	06/14/2011	06/17/2011	
9999993	LAST, FIRST	MM/DD/YYYY	Accepted Registration Entry	07/15/2011		Yes
9999994	LAST, FIRST	MM/DD/YYYY	Rejected as Inappropriate	06/28/2011	06/29/2011	
9999995	LAST, FIRST	MM/DD/YYYY	Rejected as Inappropriate	06/21/2011	06/28/2011	
9999996	LAST, FIRST	MM/DD/YYYY	Rejected as Inappropriate	06/29/2011	06/29/2011	
9999997	LAST, FIRST	MM/DD/YYYY	Rejected as Inappropriate	06/29/2011	06/29/2011	
9999998	LAST, FIRST	MM/DD/YYYY	Accepted Service Request	07/18/2011		
9999999	LAST, FIRST	MM/DD/YYYY	Received/Pending Referral Review	07/01/2011		
9999100	LAST, FIRST	MM/DD/YYYY	Completed Service Request	07/29/2011		
9999101	LAST, FIRST	MM/DD/YYYY	Completed Registration	06/01/2011		
9999102	LAST, FIRST	MM/DD/YYYY	Accepted Service Request	06/30/2011		
9999103	LAST, FIRST	MM/DD/YYYY	Rejected as Inappropriate	06/21/2011	06/28/2011	
9999104	LAST, FIRST	MM/DD/YYYY	Rejected as Inappropriate	06/04/2011	06/07/2011	
9999105	LAST, FIRST	MM/DD/YYYY	Rejected as Inappropriate	06/01/2011	06/08/2011	
9999106	LAST, FIRST	MM/DD/YYYY	Rejected as Inappropriate	01/08/2011	01/09/2011	
9999107	LAST, FIRST	MM/DD/YYYY	Received/Pending Referral Review	07/06/2011		
9999108	LAST, FIRST	MM/DD/YYYY	Completed Service Request	09/01/2011		

4.9.3 Provider Address Mismatch

Purpose of this report is to display all provider addresses listed on the referral which don't match the PMF. This report will reside in CMS Net Web.

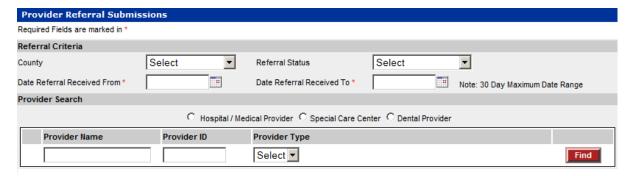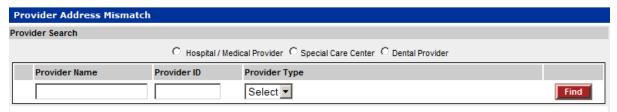Page Title: Provider Address Mismatch

Select By: Provider Search (Use provider search below. Add Healthy Families and Managed Care Plan radio buttons so users can search by those types.)

Print Options: Portable Document Format (PDF)
                  Excel

Figure 4-5, Provider Address Mismatch Screen

Title: Provider/MGD Care Name/HF Address Mismatch

Subtitle: Provider Name

Sort by: Provider Name

Column titles: Provider Name
                  Address
                  Phone Number
                  Fax Number
                  Address on PMF

Figure 4-6, Provider Address Mismatch Report

CALIFORNIA CHILDREN'S SERVICES (CCS) / GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
Provider Address Mismatch Report
Provider Name

Provider Name	Address	Phone Number	Fax Number	Address on PMF
MERCY MEDICAL FOUNDATION	6555 COYLE AVE, CARMICHAEL, CA 95608-0302	916-355-4789		6000 MADISON AVE, CARMICHAEL, CA 95608-0000
MERCY MEDICAL GROUP	1792 TRIBUTE RD, SUITE 350, SACRAMENTO, CA 95815-4322	916-966-5888	916-966-5587	1792 TRIBUTE RD, SACRAMENTO, CA 95815-4322
MERCY SAN JUAN MED CTR	3400 DATA DR, RNCHO CORDOVA, CA 95670-7956	916-555-5898	916-444-8888	6501 COYLE AVE, CARMICHAEL, CA 95608-0306

4.9.4 Referral Tracking History

Purpose of this report is to track how long the provider takes to return the corrected referral, track how many times the referral is returned and resubmitted, identify why the referral is returned and track from the original date of provider submission. Screen options identical to Provider Referral Submissions. This report will reside in CMS Net Web.

Page Title: Referral Tracking History

Select by: County (Auto populate for users with a county.)
Referral Status
Date Referral Received From* (Required field. Date range 90 days or less.)
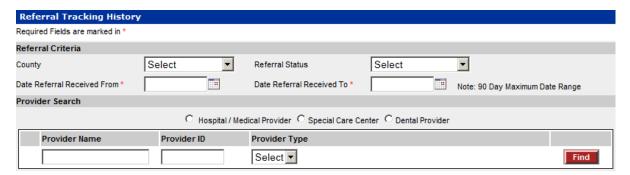Date Referral Received To* (Required field.)
Provider Search (Use provider search below. Add Healthy Families and Managed Care Plan radio buttons so users can search by those types.)

Print Options: Portable Document Format (PDF)
Excel

Figure 4-7, Referral Tracking History Screen

Title: Referral Tracking History Report

Subtitle: Provider Name

Break: County
Provider

Sort By: Alpha sort by Status, then Client Name

Column Titles: Referral Number (hyperlink to generated letter, if applicable)
Client Name
Referral Received Date
Inappropriate Referral Letter Date Sent
Date Referral Returned
Return Reason
Number of Days to Return
Comments
Requested Service
Suspected Diagnosis

List every occurrence from a single provider and track back to the original date.

Figure 4-8, Referral Tracking History Report

CALIFORNIA CHILDREN'S SERVICES (CCS) / GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
Referral Tracking History Report
Date:M/D/YYYY - M/D/YYYY

County Name

Provider Name

Referral Number	Client Name	Referral Received	Inappropriate Referral Letter Sent	Referral Status	Referral Returned	Reason	Number of Days to Return	Comments	Requested Service	Suspected Diagnosis
9999993	LAST, FIRST	07/15/2011		Accepted Registration Entry					Free Text	277
9999998	LAST, FIRST	07/18/2011		Accepted Service Request					Free Text	282.41
9999102	LAST, FIRST	06/30/2011		Accepted Service Request					Free Text	42
9999101	LAST, FIRST	06/01/2011		Completed Registration					Free Text	43.9
9999100	LAST, FIRST	07/29/2011		Completed Service Request					Free Text	286.4
9999991	LAST, FIRST	07/31/2011		Received/Pending Referral Review					Free Text	282.6
9999999	LAST, FIRST	07/01/2011		Received/Pending Referral Review					Free Text	279.2
9999992	LAST, FIRST	06/14/2011	06/17/2011	Rejected as Inappropriate	06/17/2011		0		Free Text	579.3
9999994	LAST, FIRST	06/28/2011	06/29/2011	Rejected as Inappropriate	06/29/2011	Insufficient Documentation to authorize service	1	Comments	Free Text	V42.1
9999995	LAST, FIRST	06/21/2011	06/28/2011	Rejected as Inappropriate	06/28/2011	Over 21 (CCS only).	7		Free Text	330
9999996	LAST, FIRST	06/29/2011	06/29/2011	Rejected as Inappropriate	06/29/2011		0		Free Text	579.3
9999997	LAST, FIRST	06/29/2011	06/29/2011	Rejected as Inappropriate	06/29/2011	Unable to verify patient contact information	0		Free Text	277
9999103	LAST, FIRST	06/21/2011	06/28/2011	Rejected as Inappropriate	06/28/2011	Unable to verify codes No codes/units/frequency/duration provided	7		Free Text	140
9999104	LAST, FIRST	06/04/2011	06/07/2011	Rejected as Inappropriate	06/07/2011	Insufficient Documentation to authorize service	3	Comments	Free Text	428.99
9999105	LAST, FIRST	06/01/2011	06/08/2011	Rejected as Inappropriate	06/08/2011	Not a CCS/GHPP condition	7		Free Text	277.03
9999106	LAST, FIRST	01/08/2011	01/09/2011	Rejected as Inappropriate	01/09/2011	Insufficient Documentation to authorize service	1	Comments	Free Text	V42.1
9999107	LAST, FIRST	07/06/2011	07/06/2011	Rejected as Inappropriate	07/06/2011	SAR form does not contain required elements	0	Comments	Free Text	277
9999108	LAST, FIRST	09/01/2011	09/08/2011	Rejected as Inappropriate	09/08/2011	SAR form does not contain required elements	7	Comments	Free Text	282.6

4.9.5 Referral Summary

Purpose of this report is to give a summary of referrals. This report will reside in CMS Net Web.

Page Title: Referral Summary

Select by: County (Auto populate for users with a county.)
Date Referral Received From* (Required field.)
Date Referral Received To* (Required field.)

Print Options: Portable Document Format (PDF)
Excel

Figure 4-9, Referral Summary Screen

Title: Referral Summary Report

Break: County

Fields: For the following statuses: Count a client only one time for each pre-registration referral process. Count the client in the status they were in last. Report case and service referrals separately.

Received/Waiting For Review
Rejected as Inappropriate
Accepted for Update
Accepted (Registration)
Completed (Registration)
Accepted (Service Request)
Completed (Service Request)
Duplicate Referrals

Figure 4-10, Referral Summary Report

CALIFORNIA CHILDREN'S SERVICES (CCS) / GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
Referral Summary Report
Date:M/D/YYYY - M/D/YYYY

County Name

Totals	
Received/Waiting For Review	165
Rejected as Inappropriate	1266
Accepted for Update	55
Duplicate Referrals	45
Total	**1531**

Case Referrals	
Accepted	359
Completed	1157
Total	**1516**

Service Referrals	
Accepted	25
Completed	190
Total	**215**

Grand Total	**3262**

**Request
Pre-Registration Workflow
(Proposed—07-14-2011)**

Request received

1.0

Client active?
2.0

NO

Process as New Referral
3.0

YES

Forward to assigned team
6.0

Request meets criteria
6.1

NO

YES

Request meets criteria
4.0

No

Inappropriate SAR\Referral processing
5.0

Appropriate SAR\Referral processing
7.0

YES

Results/ Inquiry/ Reports

Registration/ Eligibility Determination
8.0

Regular SAR processing

9.0